

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM EVALUATION
Heart Disease: The Number One Health Problem for Women
ASNA NO: 5-91.157 ABN PROVIDER NUMBER: ABNPO387 DATE: February 24, 2005**

Name: _____ SSN: _____

Please check one: ☐ Nurse ☐ Social Worker ☐ Nutritionist ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

Teaching effectiveness of presenter(s):

	5	4	3	2	1
Brigitta C. Brott, MD.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharon M. Dailey, MD.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suzanne Oparil, MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Course Content Objectives:

1. List one aspect of the relationship between estrogen replacement and the risk of coronary heart disease and stroke in women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Describe two presentation symptoms of coronary heart disease in women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Discuss two risk factors for coronary heart disease in women.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator; PO Box 303017, Suite1010; Montgomery, Alabama 36130-3017.

OUT OF STATE PARTICIPANTS:

NOTE: IF CEU'S ARE REQUESTED: include \$20 per person (check payable to: Alabama Department of Public Health), **within 3 working days**, fax (334-206-5640) or mail completed form to:
Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545